

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535657

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	2		/			
9	2		/			
10	/		/			
11	1		1			
12	2		1			
13	2		1			
14	2		1			
15	2		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	17	←	15	←	←	
TOTAL CLAIMS	19		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						